



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

K51
HDS

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

06 JAN -6 PM 3:01

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kusunoki	Susan	A.	536-5688
MAILING ADDRESS (Street)			FAX
84 North King Street			536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Dental Service (HDS)			529-9282
MAILING ADDRESS (Street)			FAX
700 Bishop Street, Suite 700			529-9368
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813-4196	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Faye W. Kurren			(808) 529-9200
MAILING ADDRESS (Street)			FAX
700 Bishop Street, Suite 700			(808) 529-9368
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment

Transportation

Culture, Arts, Historic
Preservation☐ HealthPlanning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/4/2006

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Faye W. Kurren

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President and CEO

NAME OF ORGANIZATION (if applicable)

Hawaii Dental Service (HDS)

TELEPHONE

529-9282

MAILING ADDRESS (Street)

700 Bishop Street, Suite 700

FAX

529-9368

(City)

Honolulu,

(State)

HI

(Zip Code)

96813-4196

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1-4-06

(Date)